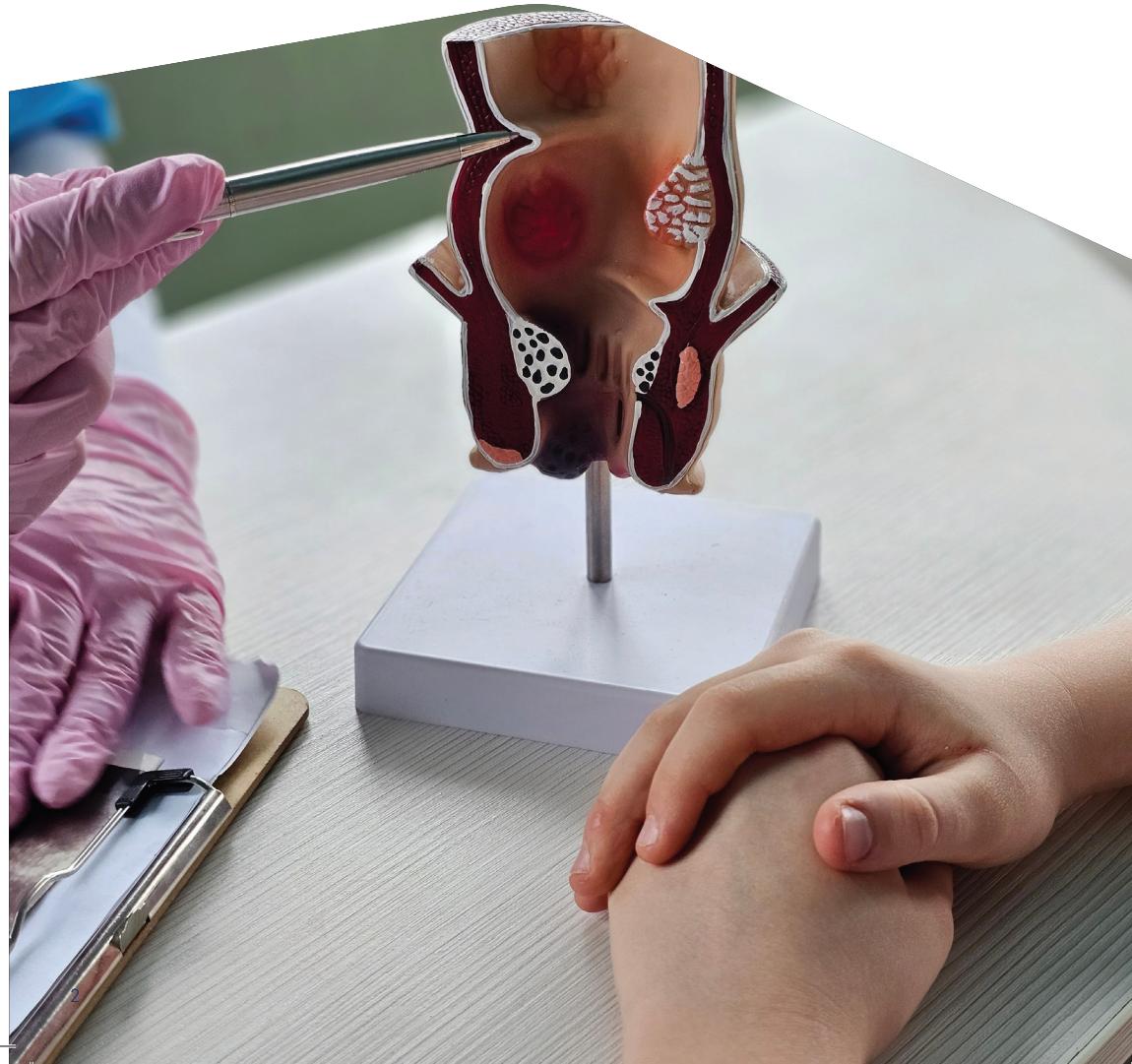


Haemorrhoids

The Department of Surgery sees patients for a wide range of surgical services. These include Colorectal, Endocrine, Breast, Upper GI, Bariatrics, Hepatobiliary, Plastics, Neurosurgery, Urology and Vascular Surgery. Our highly qualified consultants use minimally-invasive surgery and surgical endoscopy for diagnostic and therapeutic interventions in the treatment of these conditions. We provide inpatient and outpatient care with a 24-hour acute surgical service. Day surgery (endoscopy) and minor surgery (lumps and bumps) are also offered at Jurong Medical Centre.

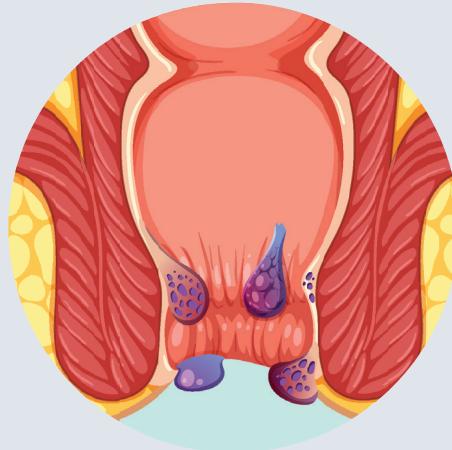


What are haemorrhoids?

Haemorrhoids (piles) are blood vessels and connective tissue found inside the anal canal. They can be internal or external.

Internal haemorrhoids lie within the anal canal and are not sensitive to touch, pain, stretch or temperature. External haemorrhoids are located outside the anal canal and are very sensitive.

Both types of haemorrhoids present different symptoms and will require specific treatments.



What causes haemorrhoids?

- Age
- Long periods sitting on the toilet bowl
- Chronic constipation or diarrhoea
- Pregnancy
- Faulty bowel function due to overuse of laxatives or enemas*
- Straining during bowel movement

Whatever the cause, haemorrhoids occur when the tissues that support these vessels stretch and dilate to cause bleeding. If stretching and pressure continue, the weakened vessels will protrude and cause haemorrhoids.

*Using liquid to relieve constipation

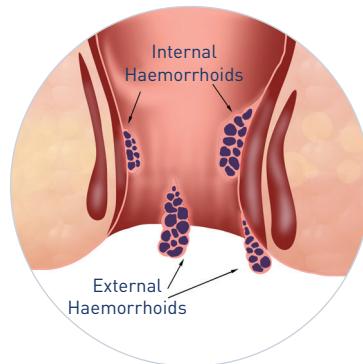
What are the symptoms?

- Bulging tissue around the anus
- Itchiness or pain in the anal area
- Leaking of faeces or difficulty cleaning up after a bowel movement
- Rectal bleeding

Like haemorrhoids, colorectal cancer produces similar symptoms. e.g. rectal bleeding.

Can haemorrhoids lead to cancer?

There is no relationship between haemorrhoids and cancer. However, bleeding from haemorrhoids is similar to colorectal cancer and other diseases of the digestive system. Your colorectal surgeon will investigate and advise you. Regular screening for colorectal cancer is recommended if you are 50 years or older.



Diagnosing haemorrhoids

Your doctor will examine your rectum and anus to diagnose if you have haemorrhoids. Depending on the symptoms, further examinations may be required to ensure you do not have polyps, cancer, or other causes that cause bleeding in the colon.

Anal skin tags

These are painless soft tissue on the outside of the anus that develop when a blood clot stretches from the overlying skin. It will not cause problems but may interfere with your ability to clean up after a bowel movement.

Treatment (non-surgery)

There are many treatments available depending on the severity of your haemorrhoids. Consider these tips to improve your condition:

- **Dietary/ Lifestyle changes**

Prevent constipation by eating more fruits and vegetables, drinking plenty of water or taking fibre supplements. Pushing and straining during a bowel movement can worsen existing haemorrhoids and cause new ones to develop.

Regular exercise can prevent constipation.

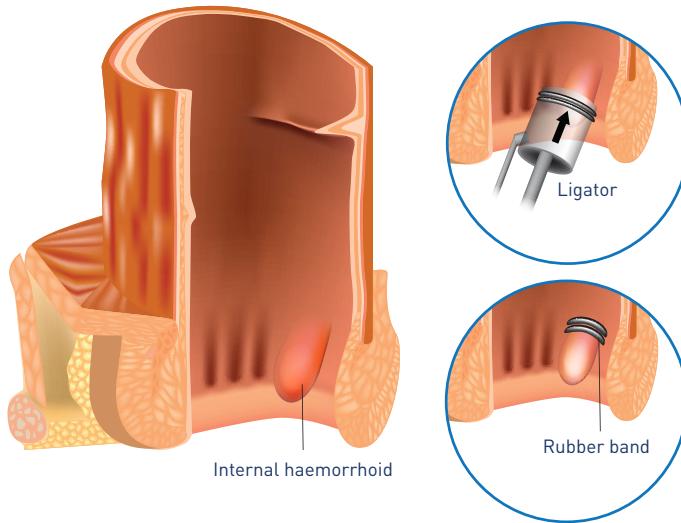


- **Rubber band ligation**

Rubber band ligation is the most widely-used procedure to treat internal haemorrhoids.

It is a day surgery that involves using rubber bands or rings placed around the base of an internal haemorrhoid to restrict blood supply and shrink the haemorrhoid. This method causes haemorrhoids to fall off two to seven days later. You may feel a dull ache or pressure for one to three days, but you are unlikely to require further treatment after it.

Eat a high-fibre diet and exercise regularly to prevent constipation. Should symptoms return, a second session of banding or surgery may be advised. Complications are uncommon. At times, delayed bleeding, pain and infection may occur.



Treatment (Surgery)

Fewer than 10% of patients require surgery to manage haemorrhoids. The following procedures may be used depending on the severity of haemorrhoids.

- **Heat coagulation**

Heat destroys the haemorrhoidal tissue to remove small and internal haemorrhoids. Side effects may include scarring, bipolar diathermy and direct-current electrotherapy.

- **Standard haemorrhoidectomy**

Haemorrhoids are cut and the wound is either sewn or left open.

- **Stapled haemorrhoidectomy**

Using a circular stapling device, internal haemorrhoidal tissue is stapled and removed. This method is recommended for certain stages of internal haemorrhoids, but it is not effective for large and external haemorrhoids outside the anal canal. It is a safe method and requires a shorter recovery time.

After surgery

It is common to experience some pain after a haemorrhoid surgery. It may take up to four weeks for your wound to heal before you can return to normal activities. Sit in a sitz bath twice a day for 10 to 15 minutes to relieve yourself of any discomfort. If you have difficulty urinating, try to do so in a sitz bath.

Moving your bowels after a haemorrhoid surgery is always a concern.

Eat more fibre and drink more water. Your doctor can prescribe medications to relieve you of any discomfort. It is common to notice some bleeding when you move your bowels in the first few weeks after surgery. Please seek medical help if it does not stop.

Jurong Medical Centre

60 Jurong West Central 3, Singapore 648346

OneNUHS Hotline: (65) 6908 2222

OneNUHS General Enquiries: contactus@nuhs.edu.sg

OneNUHS Appointments: appointment@nuhs.edu.sg

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